

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107069787

FILING DATE

APPLICANT(S)

CLAIMS

	FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/											
2						51						
3						52						
4						53						
5						54						
6	/					55						
7						56						
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43						92						
44						93						
45						94						
46						95						
47						96						
48						97						
49						98						
50						99						
TOTAL IND.	2					100						
TOTAL DEP.	9					TOTAL IND.						
TOTAL CLAIMS	11					TOTAL DEP.						
						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS